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U S Department of Labor Office of Labor Management Standards Washington DC 20210

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Off well loss Only		· · · · · · · · · · · · · · · · ·		
For Official Use Only	AD THE INSTRUCTIONS CAREELIN	V DEFORE PREPARING THE DEPORT		
E S RECO	AD THE INSTRUCTIONS CAREFULI	LY BEFORE PREPARING THIS REPORT		
OLMS OF		,		
1 File Number U 9733		2 Fiscal Year Covered From		
7/5/		M P 1		
		1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing		4 Name file number and address of labor organization		
Name Festus W Joyce		Name SHBETMETAL WORKERS AFL-CIO LU 17		
		Labor Organization File Number 0002-713		
P O Box Bldg Room No if any		P O Box Building and Room Number if any		
Street 109 Uhlon		Street 1157 Adams Street		
city West Bridge	uster -	City. Dorchester		
	ZIP Code + 4 62374	State Massachusetts ZIP Code + 4 02124 5710		
	ZIP CODE + 4 0 & 3 7 7	State Massachusetts ZIP Code + 4 02124 5710		
5 Position in labor organization	NA TO.			
		. 7.1		
A Held an interest in engaged in tran monetary value from an employer wi	sactions (including loans) with or hose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent		
6 Name and address of Employer (includi	ng trade name ir any)	, a final state of market and mar		
Name	1	5		
Trade Name if any	And the property of the proper	,		
	AND TOTAL AND THE DATE OF			
PO Box Bldg Room No If any	And	The American		
Change	***	7 b Amount.		
Street				
City	Weight Mar With Life, Toman			
Chata	ZIP Code + 4	No. No. May Adv		
State	ZIF CODE + 4			
	Sign	nature		
15 Signature and verification The ui submitted in this report (including the in undersigned s knowledge and belief tri	formation contained in any accompany	Perjury and other applicable penalties of the law that all of the information ying documents) has been examined by the signatory and is to the best of the ection on penalties in the instructions)		
Signed Festus W.	Jorne	on 8-12-05 617-898-1356		
	01	Date Telephone Number		

Name of Person Filing File Number U B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name a Labor Organization Trade Name if any b Trust PO Box Bldg Room No If any c Employer Street City IZIP Code + 4 11 a Nature of such dealing 10 If 9 b or 9 c, is checked give trust or employer's name Heath & Welfare Conferences Name SMW 17 Health + Welfane Trade Name if any Sheet Metal Workers 5th Floor PO Box Bldg Room No if any Street 43 Kingston 5+ 470.00 11 b Approximate dollar value of such dealing Bastan 12 a Nature of interest held or income received REIMBUrsements State MA. 4-9-04-Airfare to PHI ladel Phia (513-04) 4-9 04 - BABBAGE INSURANCE 5-13-04- Atlantice City Hatel RM 9-3-04-AIRFARE-IFEB Conference (Above) 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment. 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name If any , PO Box Bidg Room No if any Street City State , 1 ZIP Code + 4 1 14 b Amount of payment. 13 b Is the Business an Employer or Consultant

Name of Person Filing Festus W. Joyce	File Number <b>U</b>				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)  Name DA/eg & George LTD  Trade Name if any  PO Box Bldg Room No if any  Street  City Chicago  State TC , ZIP Code + 4 160679	9 Business deals with  a Labor Organization  b Trust  c Employer				
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box Bldg Room No if any	Mecting Dinher Cruse 8-19-04				
Street City State ZIP Code + 4	11 b Approximate dollar value of such dealing /7900  12 a Nature of interest held or income received				
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C-Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	14 a Nature of payment				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment				

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Name of Person Filing Festus W. Joyce	File Number U					
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
8 Name and address of Business (including trade name If any)	9 Business deals with					
Name Amalga maked BAM E.  Trade Name If any	a Labor Organization					
PO Box Bldg Room No if any	b Trust c Employer					
City Chicage	ŧ					
-State 'IC						
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing					
Name	Business Meeting 8-04 Busepall Game 8-04					
Trade Name if any	Bisebill Game					
P O Box Bldg Room No If any	*					
Street	11 b Approximate dollar value of such dealing 10 4 00					
City	12 a Nature of Interest held or income received					
City State ZIP Code + 4						
	12 a Nature of interest held or income received					
	12 a Nature of interest held or income received					
	12 a Nature of interest held or income received					
	12 a Nature of interest held or income received  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (7)  (8)  (9)  (12 b Amount					
State ZIP Code + 4  C Received from any employer (other than an employer covered und	12 a Nature of interest held or income received  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (7)  (8)  (9)  (12 b Amount					
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12 a Nature of interest held or income received  12 b Amount  12 b Amount  12 parts A and B above) or other thing of value					
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	12 a Nature of interest held or income received  12 b Amount  12 b Amount  12 parts A and B above) or other thing of value					
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone)  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name	12 a Nature of interest held or income received  12 b Amount  12 b Amount  12 parts A and B above) or other thing of value					
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Name of Person Filing Festus W Joyce	File Number U				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)	9 Business deals with				
Name ABN AMKO	5/				
Trade Name If any	a Labor Organization				
P O Box Bldg Room No If any	b Trust c. Employer				
Street 2477 Paysthera Circle	c. Employer				
city Chicago					
State IL. , ZIP Code + 4 6 0 6 7 9					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
Name 1	Investment Meeting BASEBAN GAME 8-04				
Trade Name if any	BASEBAN GAME				
PO Box Bldg Room No If any					
Street	11 b Approximate dollar value of such dealing /84 w				
City	12 a Nature of interest held or income received				
City State ZIP Code + 4 1					
	12 a Nature of interest held or income received				
	12 a Nature of interest held or income received				
	12 a Nature of interest held or income received				
State ZIP Code + 4    C Received from any employer (other than an employer covered und	12 a Nature of interest held or income received  12 b Amount  12 b Amount				
State ZIP Code + 4 1	12 a Nature of interest held or income received  12 b Amount  2 parts A and B above)				
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	12 a Nature of interest held or income received  12 b Amount  12 b Amount  25 parts A and B above) 26 or other thing of value				
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12 a Nature of interest held or income received  12 b Amount  12 b Amount  25 parts A and B above) 26 or other thing of value				
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	12 a Nature of interest held or income received  12 b Amount  2 parts A and B above) 2 or other thing of value				
C Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name	12 a Nature of interest held or income received  12 b Amount  12 b Amount  25 parts A and B above) 26 or other thing of value				
C Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any	12 a Nature of interest held or income received  12 b Amount  2 parts A and B above) 2 or other thing of value				
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any	12 a Nature of interest held or income received  12 b Amount  12 b Amount  25 parts A and B above) 26 or other thing of value				
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street	12 a Nature of interest held or income received  12 b Amount  2 parts A and B above) 2 or other thing of value				

## **DISCLAIMER**

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004 Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted

Signature

8-12-05

Date

Name of Person Filing Reed Keldle	File Number <b>U</b>			
B Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name IBEW Local 461 Welfare Fund  Trade Name if any	a Labor Organization  b Trust  c Employer			
PO Box Bldg Room No if any Suite 100 Street 591 Sullivan Road				
City Aurora  State Illinois ZIP Code + 4 60506 1443				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing Attended welfare trust meetings			
PO Box Bldg Room No if any				
Street	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Reimbursed for lost wages			
State ZIP Code + 4	Reliabilised for To.	ac wages		
	12 b Amount	\$294		
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name Trade Name If any				
PO Box Bidg Room No if any				
Street				
City State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			
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